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KEYS TO ACCESS - CREATING INCLUSIVE SYSTEMS

FINAL REPORT

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PREFACE

The National Pacific/Asian Resource Center on Aging (NP/ARCA) is a national project funded by the Department of Health and Human Services, Administration on Aging (DHHS/AoA). Significant support has been demonstrated for a national resource center that would address issues pertinent to serving the Pacific Island and Asian American senior population. The primary focus of the National Center is to facilitate and improve the delivery of health and social services to the Pacific/Asian elderly community to ensure that senior citizens are afforded a meaningful, secure and dignified existence.

Since its establishment in 1979, the National Pacific/Asian Resource Center on Aging has worked toward achieving several goals:

* To discover the indigenous existing support systems of the Pacific/Asian communities.

* To improve the service delivery systems' responsiveness to the needs of the Pacific/Asian elderly and to increase utilization of informal support systems to aid the process.

* To enhance the capability of Pacific/Asian communities in meeting the needs of the elderly while strengthening their informal support systems.

* To enhance capabilities of community-based providers by expanding their information base.

* To involve members of the Pacific/Asian community in planning and organizational development activities which will legitimize and support project implementation.

To accomplish these goals, the Center has incorporated the service capabilities of a centralized information clearinghouse and technical assistance and training mechanism. Among the core activities undertaken by NP/ARCA have been the following: compiling and asssessing information; conducting workshops for service providers; providing technical assistance to informal support system members and to the Pacific/Asian communties; disseminating models developed for services on a national basis; evaluating programs and outlining model components for replication; and providing training and technical assistance tools to the larger aging network and community.

The National Pacific/Asian Resource Center on Aging (NP/ARCA) has been instrumental in changing stereotypic beliefs regarding Pacific/Asians and provided much substantive information regarding the unique qualities, needs, concerns, and diversity of this group. In doing so, it has been a catalyst in the creation of ethnic-specific programs as well as the furthering of the network's responsiveness to the Pacific/Asian population.

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I. INTRODUCTION

Minority participation in Older Americans Act (OAA) Programs traditionally has been minimal and attempts to reach such populations have been erratic and inconsistent. Documentation regarding this phenomenon is replete with reasons for the non-participation by minorities, as well as recommendations for correcting the systemic barriers (Holms, 1976; Guttman, 1980; U.S. Civil Rights Commission, 1982). Throughout the twenty-year history of the Act, sporadic legislative and administrative policies have been initiated in an effort to create a more broad-based responsive service delivery system (OAA Reauthorization - 1968, 1983).

Over the past three years, statistics compiled by the Older Americans Act network have documented a drop in minority participation in programs under the Older Americans Act. This reflects a significant shift, considering that the numbers of minorities participating in OAA programs has always been low. Moreover, the representation of minorities in the programs has never been proportionate to their economic need. Minorities in higher proportion are likely to be at the poverty/near-poverty levels (U.S. Bureau of the Census, 1980).

There has been a declining rate of minorities' participation in the Title III Supportive and Nutrition Services programs nationwide. The participation rate for older Asians and Pacific Islanders has dropped by 17.6 percent during this decade for both the supportive services and elderly nutrition programs, from 1.7 percent in fiscal year 1980 to 1.4 percent in 1985. Elderly Asians and Pacific Islanders have the lowest participation rate among minority groups for the home-delivered meals program. Older Asians and Pacific Islanders accounted for only 0.9 percent of all participants in the meals-on-wheels program in fiscal year 1985.

With dwindling resources, there has been an effort to maintain and constrict programs. As a result, efforts to reach vulnerable populations such as Pacific/Asians, which have always been minimal, have reached a negligible level. It has become incumbent upon policy makers, service providers, and planners to reassess the service system to more adequately serve minority populations and to demonstrate the need for such services. Irrespective of whether the phenomenon is temporary or characteristic of systemic problems, it is essential to determine the causal factors underlying the decrease and to develop effective strategies that will redirect scarce resources and foster greater utilization of services by minorities.

II. METHODOLOGY

A. GOALS AND OBJECTIVES

The primary goal of the Center's Project, "Keys to Access: Creating Inclusive Systems," was to improve Pacific/Asian participation in aging programs. To accomplish this, the National Pacific/Asian Resource Center on Aging proposed the following:

1. To obtain consumer-based information regarding the problems of reduction in the number of older Pacific/Asian participants in OAA programs.

2. To develop recommendations and strategies for resolving the problems.

To ensure the successful outcome of the Project, the following objectives were undertaken:

1. To identify three areas in the United States that have experienced significant drops in Pacific/Asian participation.

2. To conduct three focus group sessions to synthesize the problems of nonparticipation by the Pacific/Asian population and to identify solutions.

3. To identify action recommendations from the client-centered information.

4. To provide technical assistance to three targeted Area Agencies on Aging in three states utilizing the model components developed by the Center.

Heretofore, no information has been generated that reflects the causal factors in the drop of Pacific/Asian participants in OAA programs -- and minimal information is available on the impact of targeting in the Pacific/Asian elderly population. Through this Project, information was sought that would address both program issues. Moreover, such information was to be ascertained from the consumer directly. The informants were to be given the opportunity to have input in developing strategies to correct the problems. The Project also was intended to provide concrete information regarding the depth of the programs that would assist the Administration on Aging in determining short/long-range program planning.

B. PROJECT VARIABLES

The complexity and enormity of creating responsive service strategies to address the needs of the Pacific/Asian population were the two confronting consonants which existed as preconditions in all of the sites selected for this project. For a system accustomed to responding to a more uniform set of conditions, such consonants prove to be overwhelming, requiring unique skills and creative adaptation of existing tools. The sophistication and development of the skills and tools varied from site to site. It can be hypothesized that major factors underlying the variance are the level of institutional commitment, the political milieu, the organizational-self perception of the agencies, and the basic organizational approach to program development.

The sites were selected on the basis of geographical and demographic differences. Different populations were targeted for each site to determine the depth of the problems and the cross-cutting significance of such problems from one sub-set to another. Originally, it was intended that five sites be selected; however, due to time and funding constraints, three sites were finally selected. The West Coast was not included in the sampling as most studies have been conducted in that region, and the outcomes are greatly skewed by the disproportionate clustering of Pacific/Asian populations in the area.

The individual and collective behavior differs somewhat from region to region. Societal and community sanctions operate differently; the sensitivity and understanding varies; and institutions respond differently. Density of population creates greater visibility and higher demand of goods and services in the market place, establishing a different institutional orientation. This does not necessarily suggest that the system is more responsive or effective in such areas. But developing and assessing systems in such a region may limit replication and application, whereas in less densely populated areas the strategies generated may have broader application capability because the process is more complex and difficult.

One criterion of sub-set selection was to identify new immigrant and refugee groups. This established another hierarchy of planning and implementation problems. The commensurate by-products of such a selection were that the examination process was refined more definitively and the recommendations and outcomes were more prescriptive. In the past, strategies developed to respond to minority populations have been too general and amorphous. This project has elicited concrete and applicable mechanisms for reaching those hard-to-reach populations.

In the Administration on Aging's 1983 study conducted by the National Association of Area Agencies on Aging on existing model programs for minorities, many of the basic undergirding factors

were identified, such as sensitivity of staff, outreach, community familiarity, and leadership, as well as the need for education and technical assistance. Much of the information was gathered in large group settings without in-depth input from the consumers. The relationship and interaction between the community and the Area Agency on Aging was inferred and was not observed by an objective outsider.

The study validated the basic tenets which have been articulated by the national minority groups, but does not provide the necessary "how-to" strategies for replication. This Project required a more finite methodology which, in fact, paralleled a methodology necessary for program development. It not only identified some of the reasons for non-participation in Older Americans Act programs, but also the requisite factors for starting programs for the Pacific/Asian elderly.

C. PLANNING PROCESS

Although the planning process for the convening of the focus groups is generally simple and can be handled through the use of telephones and written communiques, that was not the case for its use in the minority community. Once again, we found that working in a minority setting was often more time consuming and required greater preparation, including more face-to-face contacts. One cannot assume that any strategy that works with the larger society can be easily transposed into minority communities. That is one of the inherent problems of the current service delivery system -- the assumption that all people operate as a monolith.

Majority populations are more readily able to utilize generic services because such services have been developed to respond to their lifestyles and their understanding of society. There is a continuity and symmetry of participation in every aspect of society throughout the life of a majority person. Identification with the mainstay of society eliminates much of the fear and reluctance experienced by minority older persons. Therefore, an older white person will already know how institutions operate and understand their role. However, for many minority persons understanding society's institutions is often limited.

Moreover, with older Pacific/Asians, their fear of the larger society is rooted much deeper than lack of knowledge or access; their understanding of government and its institutions is that they exist to harm and limit their lives. Much of this is derived from the codification of discriminatory practices perpetrated against Pacific/Asians since the arrival of the first Chinese, Japanese, and Filipino immigrants.

We found that in order to convene the focus groups, several community meetings had to be conducted: first, with the Area

Agency on Aging, and then with community leaders together with the Area Agency on Aging. It is still a practice to pay deference to community leadership. It not only acknowledges their position in the community, but it provides one the opportunity to impart the technical knowledge and background to the leadership so that they can maintain their roles and also track others. They greatly assist the process as they embody the needed trust to create the linkage. However, gaining their trust and confidence is difficult, but necessary.

Consideration of this factor in working with any Pacific/Asian community is essential; without this phase, nothing can be accomplished. Because the Center does have community leadership linkages, the number of meetings was minimal. Initially, most agencies and organizations will need many meetings until there is a proven track record. Once there is a working relsationship, matters can be easily expedited.

There are also other key ingredients necessary for establishing a working relationship: (1) never promise anything anything that cannot be delivered; (2) be cautious about commitment; it is better to understate any agreement; (3) always give accurate and factual information; and (4) acknowledge every leader indvidually.

Protocol is still observed in the Pacific/Asian community -- written communiques are important; invitations and thank you notes are a must. All letters should be signed by the head of the agency or working unit unless a leader from the community works within the agency.

If a translation is required, identify someone with proficiency in both languages, English and the other. As well, choose a respected person from the community, if possible. Speaking well in the other language is important -- similar to English, there is good and bad grammar, etc. in other languages. In most instances, it is necessary to be very detailed in one's explanation of any program, process, regulation, or law.

Be definitive about expectations and requirements. It is best to teach by demonstration and always to provide the necessary tools and resources. This will inert misunderstandings and unnecessary problems. Misunderstandings in the initial stages of development will severely handicap the working relationship and the success of any endeavor. Correctness is paramount of any interface; "loss of face" for any party in a relationship is taboo.

The planning stage will usually take twice as long in the Pacific/Asian community than the general population -- not because minorities are not capable, but because they will often not have had the information and resource base accorded majority persons. As well, the personnel of any agency will also have to learn and adapt existing skills and learn new ones. They will also have to translate and interpolate ethnic methodology to

rework the majority orientation. Adaptation will be necessary for all involved.

Many times majority personnel will attempt to impose the larger society's orientation rather than redesigning or reworking it and become frustrated. This is why program starts are often aborted by area agencies on aging. Understanding and integrating the technology of another culture is another important factor in developing successful programs. If one learns from his dentist that brushing against the gums is the best method, he or she might not brush his teeth if you insist they brush away from the gums -- acknowledging both as viable will assist in some resolve and eliminate a stalemate.

The initial costs for outreach are more, as it is a way of connecting with persons who traditionally have not been considered part of the mainstream. Individual contacts and communiques are important. For all planning meetings, individual letters extending an invitation had to be sent. Written material, an overview of the Project, and information on the focus groups had to be printed and disseminated. Letters had to be followed up with telephone calls. Contacts to insure continuity and support were required.

The planning meetings incorporated three facets of the usual program development process: establishing trust, providing technical assistance, and defining roles. Since the area agencies on aging had not used the focus group methodology previously, it was necessary to brief the staff on the process. There was some reluctance on the part of the area agency on aging staff and community leaders because they were not versed in the procedures. Moreover, concern regarding outcomes also played a part in the initial reticence of the area agencies on aging. Unlike corporations which use these means to better their own internal operations, the area agencies on aging were experiencing this procedure as an external evaluation mechanism.

The bilingual factor added to the complexity; the planning meetings were added because it was difficult to communicate by telephone to all the leaders. The importance of using community leaders in organizing cannot be stressed enough. It is one step that is not always necessary in the larger society. Bringing them together in a formal setting such as a meeting establishes, in the eyes of the larger society, their place in the community with their peers.

III. RESULTS

A. NEW YORK CITY FOCUS GROUP

The New York City focus group session and debriefing was conducted in Flushing, New York on June 15, 1987. The participants in the group were all Korean elders and the session lasted for two (2) hours. In a preplanning session, the moderator's guide was modified in order to relate to the specific "community" involved. The revised questions are detailed as follows:

FOCUS GROUP DISCUSSION GUIDE

1. Please tell me what it is like being an older person in Korea.

2. How is that different from being an older person in the United States?

3. Do you know what programs and services there are? Yes or No. If yes, please tell me what they are?

4. How did you first hear about government programs and services for older persons? How could we let other people like you know about them?

5. Why did you first come to the church for the programs?

6. Do you know anyone who has stopped going? If yes, why?

7. If the church did not offer these programs, where would you go or what would you do?

8. How can we get more people like you to come?

9. Please tell me what you like most about these programs. What do you like least?

10. Has anything changed since you first started coming?

11. If you were the boss, what would you change?

The first two questions were utilized to establish rapport between the moderator and participants. These questions not only

established rapport but provided insight as to the level of knowledge participants had of existing programs and services. It was recommended that this basic outline be used for the remaining focus groups.

It was also recommended that any moderator not familiar with a specific Asian cultural group be thoroughly briefed prior to a session. This sensitivity to the participants' culture and traditions would reduce the possibility of a moderator inadvertently offending someone, inhibiting the group process, or raising unrealistic expectations of the outcomes.

1. MODERATOR OBSERVATIONS

The following comments reflect the moderator's interpretation of the comments:

- Participants were genuinely appreciative of all the programs and services they received and were sincere in their observations. While they would like additional sites and services, they were neither demanding nor disappointed.

- Participants all have strong traditional ties which may be affecting participation. For example, the emphasis on respect and the family structure was more evident than traditional American cultures. Demands to care for grandchildren were considered a cause of reduced participation. Therefore, the potential for intergenerational program and day care activities in conjunction with programs and services appears to be largely untapped and should be considered for discretionary funding.

- Participants universally expressed a desire to learn the English language; further, a lack of staff fluent in both English and Korean was a barrier to participation. It would appear that this alone would justify an investment of Title V Older American Act funds to train and employ a cadre of elder interpreters. Such a program would simultaneously provide needed and desired education, provide a staff of interpreters that is currently inadequate, and address a major barrier to program participation.

- Participants identified friends and ethnic newspapers as primary sources of information on current programs and services. Whether or not ethnic news outlets already in existence are being tapped to their true potential should be investigated by AoA staff and area agencies on aging.

- With the exception of the language barrier, reasons given for participation declines parallel the general older population (poor health, transportation problems, etc.) Also, the desire of ethnic foods will increase participation if both the quality and variety are emphasized. If other groups parallel these preliminary results, AoA should direct

the network to concentrate short term efforts on increasing the quality and variety of ethnic foods while involving ethnic participants as interpreters.

- The group possessed a basic working knowledge of the services available.

- Reasons given for participating in meals program (sociability, educational opportunities, and recreation) tend to parallel the general population. However, there is a definite need to reevaluate the importance of developing more ethnic sites.

- Participants expressed a willingness to contribute toward the services they receive. However, due to translation problems, no conclusions can be drawn.

2. PROBLEMS ENCOUNTERED

The problem with translation was major in New York, but was experienced in all sessions. As noted in the transcripts, the translator did not properly interpret either questions or responses, which limited follow-up questions and frustrated the group process. This experience reinforced the need to improve the teamwork between the moderator and translator. However, working through one translator as opposed to multiple translators (as in Chicago and Houston) is preferred and considered more effective.

B. CHICAGO FOCUS GROUP

The second focus group was convened in Chicago, Illinois on July 10, 1987. Participants were drawn from several Pacific/Asian communities, specifically Chinese, Korean, Filipino, Vietnamese, Cambodian, and Japanese. This necessitated working through multiple interpreters.

1. MODERATOR OBSERVATIONS

- Several participants were new immigrants and not generally familiar with services. The knowledge level appeared to relate to services available through several minority service centers.

- The importance of minority service centers cannot be underestimated as area agencies on aging develop plans to increase minority participation.

- Since most people first heard of services through friends and minority service centers, this network is worthy of

further study. Better networking with minority media outlets could greatly increase both program understanding and participation.

- There exists an obvious need for more effective use of translators and English classes to increase the comfort level of Pacific/Asian elders in accessing programs.

- A lack of transportation, declining health, feeling unwelcome due to the language barrier, and a lack of ethnic food were all reasons given for declining participation. If more ethnic sites were available, all but health could be eliminated as barriers.

2. PROBLEMS ENCOUNTERED

Attempting to work through multiple interpreters was a slow and frustrating process. Due to this process, there was little opportunity for probing further on responses and questions. As with New York, there was no advance opportunity for the moderator to work with the translators.

C. HOUSTON FOCUS GROUP

The final focus group session was conducted in Houston, Texas on December 15, 1988. Participants represented the Vietnamese, Korean, and East Indian communities. Two interpreters were utilized, and the moderator had a limited opportunity to meet with them prior to the session.

1. MODERATOR OBSERVATIONS

- Food is not an attraction to elders unless ethnic meals are offered. It is unreasonable to expect a minority elder to change lifetime eating preferences.

- The lack of respect for elders in the American culture is a special problem for new immigrants, creating feelings of frustration and a desire for happier times in a culture in which they matured.

- The language barrier creates feelings of loneliness and isolation. Further, it creates other problems, for example, an inability to utilize existing services, such as transportation.

- Although there was some support for an International Center for Pacific/Asians, the preferred structure was for smaller, ethnic specific operations near the "community."

2. PROBLEMS ENCOUNTERED

Although improved, the moderator-translator team did not always function effectively.

The room was not large enough to comfortably accommodate the group. Further, rapport could have been more readily established if refreshments had been available in the focus group room.

IV. DISCUSSION AND IMPLICATION OF RESULTS

A. NEW YORK CITY AREA AGENCY ON AGING

One of the largest Area Agencies on Aging in the network, New York City has an ornate bureaucracy with self-contained operating units for each of its geographic regions called boroughs. For such a large entity, the decision-making process seems relatively uncomplicated. Delegation of authority is far reaching and was very effective for this project.

This site was selected by the Center and negotiations were expeditious. Janet Gainer, Commissioner, assigned Valerie Levy, the Director of Minority Affairs, to the project and after two telephone conversations, the first planning meeting was scheduled. This area agency on aging was selected for a variety of reasons. It had recently started a Korean nutrition site in Queens that had some unique aspects that would provide the Project with vital information. For example, it could provide invaluable information on how to start a new program and the reasons why communities and individuals do not participate in Older Americans Act programs.

The nonparticipation information was to be reviewed in the focus group section. The analyses pertaining to this new program also needed investigation as it would give us a different insight into working with minority populations, validate some hypotheses forwarded by the Center, and generate new criteria for replication.

The director of the Queens borough makes the program decisions for that region and is responsible for a multi-disciplinary staff. To a large degree it operates as an agency within an agency, as do all the other borough divisions. The effectiveness of this unit is due largely to personalities, but also is related to the larger agency management style.

There were two planning meetings: the first one included agency staff only, and the second included both staff and community leaders. It was decided by Valerie Levy and the Center that a preliminary meeting with the Queens borough staff and Director, Sybil Miller, would be essential in deciding the efficacy of using the Korean site for the study. Many complications and difficulties had been incurred in initiating the program. It was not clear that the program was sufficiently stabilized to launch the study. As well, the staff needed the discussion to assess the Center's intent and the depth of staff involvement and support.

Important to this study and the success of initiating the

Korean program were the dynamics of how the area agency on aging staff related to one another, how they related to the community, how they related to Valerie King, and the additional resource of a Korean academician, Dr. Tai Kang. It was observed that within the internal configuration of the area agency on aging, there was a high degree of individual respect and esteem -- with each individual understanding how important he or she was.

The skills and knowledge base of each person is readily acknowledged. Ms. Miller has the leadership qualities that bring out the best in her staff and others. She is able to accept and embrace the expertise and input from others. And because of this ability, she allowed Dr. Kang to take the lead in the initial phases. He was the catalyst in organizing the Korean community so that they could unify to start a program.

Many meetings were held to bring together the area agency on aging and the community. But getting the community to act cohesively was the first major accomplishment. This required the area agency on aging staff to take a learning stance -- to listen and incorporate the information provided by Dr. Kang as the cultural/technical interpreter. They availed themselves to the community and created a reciprocal exchange milieu and attitude, They learned how things were done in the Korean community, analyzed the information so that they could interpolate them into the realm they knew, and then redesigned the existing resources to accommodate the differences, which does not look totally Korean nor does it exist as it does in majority programs.

Staff did much research, for instance, the nutritionist would go to the library to research the different foods Koreans ate so that she could determine the nutritional content for meals preparation. Because all of the staff pursued their responsibilities in the same manner -- the integrity of the overall service system was not only maintained, but was refined by integrating ethnic-specific promulgated strategies. Program staff such as Ted Moore, redesigned guidelines by observing the individuals in the community and interpreting all defined functions from a Korean construct. Each staff person is given license to be creative and this has been translated into their working with different people and not even being even deterred by language differences.

Moreover, there is an understanding among the staff that everything is "do-able" -- there are implicit sanctions against "giving up." However, it is conveyed with support and reassurance and an underlying belief in each person's capabilities. The staff operate like a well-trained and practiced sports team, each playing a valuable position. They defer and assume readily and timely. They engender confidence and trust. They are also persevering, tireless, and relentless. Another key to the success of their endeavor was that their basic program skills were excellent. They are knowledgeable and skilled in all aspects of their jobs. Therefore, rebuilding or redesigning is much more possible.

The second meeting demonstrated how Dr. Kang worked with the community, how Sybil Miller worked with the community, how they both worked with staff, and how staff worked with the community. Although arriving at consensus to convene the focal group seemed effortless, this was only accomplished by the previous year's work done by the area agency on aging staff and Dr. Kang. In outlining the process of the focal group, the area agency on aging staff behind the scenes gave us much assistance. They were so attentive and analytical that they could anticipate what might be required of the community and were able to alert us. It made the technical training aspect of the meeting more comprehensive.

The internal community conflicts, the xenophobic aspect of ethnic community behavior, lack of cultural knowledge on the part of the area agency on aging staff, and the lack of applicable tools often are the barriers which obstruct development of ethnic specific programs. But these barriers only surface in the second phase -- the first phase of inertia, insensitivity, and lack of commitment must be overcome. Most model development is premised on the understanding and knowledge of the existence of the first phase; rarely has the depth of the second phase been examined. Consequently, many efforts in program development in the Pacific/Asian community are aborted and deemed impossible. The New York City model demonstrated the depth and breadth of strategies necessary to successfully develop a program. It took the staff a year to accomplish their goal.

The focus group also surfaced some problems which were germanating within the Korean group. One of the sponsoring organizations of the existing meals program was becoming dissatisfied with the single program site. During the training session convened by the Center for the leaders, the dissatisfied group raised many questions and concerns regarding the allocation of funds. However, the community leaders, unknowledgeable about the varied programs for seniors, assumed that the area agency on aging was responsible for housing, income, and health.

Ms. Kamikawa reviewed the Housing and Urban Development (HUD), Medicare/Medicaid, and Social Security Administration/ Supplemental Security Income programs, and outlined how monies were allocated. The group then asked for technical assistance from the Center in developing their own plan to establish various projects such as congregate housing through HUD.

As a result of the training session, the area agency on aging took their minority internship monies to pay for a part-time program developer for the second Korean group to direct and coordinate a program plan which would work in parallel to the Older Americans Act meals and social service programs.

B. CHICAGO/SUBURBAN COOK COUNTY AND REGION II AREA AGENCY ON AGENCY

The Region II area agency on aging responded to a joint national search letter from the National Association of Area Agencies on Aging and the Center requesting area agencies on aging to participate in the program. However, because the minority population is small in their catchment area, they recruited the Chicago and Suburban Cook County area agencies on aging to collaborate.

Working with three different area agencies on aging assisted the Center in consolidating its efforts and maximizing its capital outlay. The primary area where Pacific/Asians reside is in metropolitan Chicago. A staff person from the Chicago area agency on aging took the lead as the liaison person coordinating the meeting of the community groups and the Area Agency staff.

An initial meeting was convened; however, three-fourths of the leaders from the various community groups were not in attendance. Those in attendance were reflective of the continuum of expertise in the community. The Southeast Asian groups had no knowledge regarding the Older Americans Act and wanted a briefing session for the participants of the focal group. Unfamiliarity with many Western institutions, regulations, culture, etc. made it difficult for these groups to accommodate such a procedure. The lack of concrete experience created anxiety. However, one of the long-term Asian American leaders was helpful in reasssuring the groups and providing support.

Since all the groups were not present and more basic technical assistance regarding the Older Americans Act seemed warranted, it was decided that a second meeting would be required. The Center staff could not attend because of the budget constraints. This provided the community and the area agencies on aging a basis to develop further their linkages.

A second meeting was convened and participant selection was discussed. All those invited to attend the meeting were sent a procedural booklet on focus groups to assist them in their discussion. The participant group for this site was more diverse and ascertaining information was even more complex than the New York site. The language barriers as well as the cultural nuances increased the margin of error possibility. It also reduced the continuity of dialogue. However, these factors also provided the basis for creating a more effective procedure for use in other "hard to reach" populations.

The staff of all three area agencies on aging were responsible and assisted in the planning and implementation. The Chicago area agency on aging staff person coordinated the meetings, while the Region II staff person acted as the liaison with the Pacific/Asian communities. The significance of the outcomes not only impact the communities, but provide a basis for

development of coordinated efforts among the three area agencies on aging.

C. HOUSTON DEPARTMENT ON AGING

In December 1987, the Center conducted the final Focus Group session to determine the problems related to the lack of Pacific/Asian participation in Older Americans Act programs. As the project evolved over the past year, a de-briefing session for Pacific/Asian community leaders was added to the focus group process. Clearly, the introduction of this procedure into the methodology made the mechanism a more effective and responsive one.

The Center was asked by the Houston Area Agency on Aging to assist them in their efforts to assess and develop programs in both the Korean and Vietnamese communities. Both communities are comprised of recent arrivals to the United State, i.e.,immigrant and refugee populations.

A background session on both communities was conducted by the Center to familiarize the area agency staff with the groups and the inherent complexities in the differences among the various sub-ethnic groups. Among the systematic problems found in those areas where Asian populations have been almost non-existent are that agencies do not have established groups with whom to work and lack resources to draw upon.

A major obstacle was in identifying the problems as opposed to the stated problems. Lack of knowledge of the cultures and modes of behavior had not only obscured the issues, but had created antagonism between the community groups and the area agency staff.

The Center staff interceded and convened the groups -- identifying the key obstacles and providing the area agency staff with hands-on techniques in working with the two groups. The techniques included how to identify the power broker, how to decipher the stated message to get at the root problem, and how to interact with the members of such groups, i.e. the protocol of group exchange.

In the Korean community a resolution was worked out. The Koreans had never been given information about the programs that could be funded. After we spent several hours reviewing Older Americans Act funding, they realized it did not cover their primary needs. The area agency, however, did realize that they needed to develop a more comprehensive plan for providing transportation to seniors. The Center provided some options, utilizing existing resources.

In contrast, the Vietnamese community's concerns were quite different and much more convoluted. The introduction of an

outside advocate group with national standing was perceived by all local community groups as not only positive, bu also prestigious. It required some delicate negotiations between two different factions in the community and the area agency, which was the strategic role the Center played. Several strategies were proposed which basically aimed at giving equal program status to the two groups, without duplicating services. Consequently, the area agency has expanded its resources to the Vietnamese community through the cooperative efforts of the two groups.

V. SUMMARY

A. SUMMARY

The purpose of the project, "Keys to Access -- Creating Inclusive Systems," was to identify and synthesize the causal factors in the decline of Pacific/Asian participation in Older Americans Act programs. The project's primary goal was to ultimately improve minority participation in aging prgrams. To accomplish this herculean goal, the Center proposed obtaining information regarding the problem of reduction in the number of older Pacific/Asian participants and to develop strategies for resolving the problem. The project extended over a 15-month period.

Utilizing a methodology conceived as a business management tool, focus groups, the Center was able to document the reasons for low-participant levels in Older Americans Act programs by Pacific/Asians. New immigrant and refugee populations were targeted for the three sites selected across the country. These groups represent high-risk vulnerable populations.

Many of the obstacles identified through the project were those which have traditionally been forwarded: language, lack of knowledge and information, fear, isolation, and unfamiliarity with the service systems. However, subtleties, such as non-recognition of community leadership status, lack of understanding of protocol and ritual, lack of knowledge of old world political biases, and the misinterpretation of verbal responses were de facto obstacles to participation.

Moreover, the de facto obstacles played a more important role in minimizing participation. The interjection of a technical expert into the process validated the important role of such obstacles. The Center found that in its role as the mediator, it was able to create the necessary interface between the service system and the indigenous Pacific/Asian groups. This was demonstrated in two sites in very definitive terms in that two new program strategies were initiated.

B. CONCLUSIONS AND RECOMMENDATIONS

There appears to be a major boondoggle in the general refugee program in the total failure to provide English language training to new refugees and immigrants. Failure to do so increases problems, frustrations, and ultimately the cost of delivering services. To address this issue, the following recommendations are made:

- That Congress initiate a series of oversight hearings of the refugee resettlement program and lack of adequate English classes and qualified translators.

- That the U.S. Administration on Aging, Immigration and Naturalization Service, and Department of Labor jointly fund model projects targeted at removing the language barrier to equal service access.

- That the Department of Labor fund special projects under Title V of the Older Americans Act to train and place older translators.

- That AoA encourage State Units and Area Agencies on Aging to provide targeted technical assistance to established minority organizations to assist them in understanding the process of working within the grants-in-aid system. Minority leadership wants to learn but must become knowledgeable of processes as well as programs.

It does not appear that personnel working within the aging network currently possess the skills to identify and solve the problems of Pacific/Asian elders. They do not have a sensitivity to the various cultures; nor do they understand the importance of observing protocol when working with the Pacific/Asian community. To address this issue, the following recommendations are made:

- That AoA fund the dissemination of the National Pacific/Asian Resource Center on Aging's technical assistance materials on how to better access, work with, and serve Pacific/Asian elders. Items which would be addressed would include, but not be limited to the following:

  1. A general outline of the cultural and communication issues of the participants and community leadership, with emphasis on the cultural adaptations of the Pacific/Asian minority communities in the U.S.

  2. A brief summary of any problems or concerns specific to certain service areas based on case studies.

  3. Any other relevant information which could assist AAA's in generating the information necessary to address the stated needs.

- That the Administration on Aging sponsor training seminars, two days in duration, in six geographic areas with large concentrations of Pacific/Asians. The first day would emphasize training and technical assistance to State Units and Area Agencies on Aging. The second day would provide technical assistance to community

leaders. Topics to be addressed during these sessions for State Units and AAA's would include but not be limited to:

1. Cultural Overviews
2. Orientation to Community Leadership and Dynamics
3. How to Network with Community Leadership
4. How to Identify and Solve Problems
5. How to Organize, Convene, and Conduct Focus Groups
6. Successful Case Studies and Service Models

- That AAAs serving Asian minority communities be required to hold biannual briefing sessions on the process for obtaining funds, operating services, and complying with reporting requirements; and that minority leadership be encouraged to attend board and advisory meetings.

- That AoA develop, print, and disseminate basic information books in the various Asian languages; or encourage private foundations to support and fund such efforts. These materials should then be provided to every new immigrant/refugee over the age of 55.

Although there has been much verbiage spilled in an effort to increase minority participation, there is little evidence of concrete action. This study leads to a perception that there exists a strong desire among Asian elders to learn the English language, a desire for ethnic meals to provide opportunities for socialization, and a willingness to work together to solve common problems. To address this issue, the following recommendation is made:

- That model ethnic meal sites be created throughout the United States which serve the dual function of instructing English classes daily. These sites could also serve as focal points.